Case 3:12-bk-32409 Doc 6

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B22C (Official Form 22C) (Chapter 13) (12/10)

	Steven Scott Kelley	
In re	Tammy Lynn Prater	
	Debtor(s)	_
Case N	ımber:	_
	(If known)	

According to the calculations required by this statement:
■ The applicable commitment period is 3 years.
☐ The applicable commitment period is 5 years.
☐ Disposable income is determined under § 1325(b)(3).
■ Disposable income is not determined under § 1325(b)(3).
(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Pa	rt I. I	REPORT OF INC	СОМ	E					
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as di							as directed.			
								for Lines 2-10			
		gures must reflect average monthly income re						Column A		Column B	
	the fil	dar months prior to filing the bankruptcy case ing. If the amount of monthly income varied onth total by six, and enter the result on the a	duri	ng the six months,			Debtor's Income			Spouse's Income	
2	Gros	s wages, salary, tips, bonuses, overtime, co	nmis	sions.			\$	3,816.00	\$	0.00	
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as										
				Debtor		Spouse					
	a.	Gross receipts	\$	0.00		0.00					
	b. c.	Ordinary and necessary business expenses Business income	\$ Sub	otract Line b from		0.00	\$	0.00	¢	0.00	
4		propriate column(s) of Line 4. Do not enter of the operating expenses entered on Line l									
	a.	Gross receipts	\$	0.00		0.00					
	b.	Ordinary and necessary operating expenses		0.00		0.00					
	c.	Rent and other real property income	Su	btract Line b from	Line	a	\$	0.00	\$	0.00	
5	Inter	est, dividends, and royalties.					\$	0.00	\$	0.00	
6	Pensi	on and retirement income.					\$	0.00	\$	0.00	
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					\$	0.00	\$	0.00		
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:										
				ī		1					

9	on a separate page. Total and enter on Line 9. Do not include alimony or s maintenance payments paid by your spouse, but include all other payments	ayments paid by your spouse, but include all other payments of alimony or tenance. Do not include any benefits received under the Social Security Act or wed as a victim of a war crime, crime against humanity, or as a victim of domestic terrorism.					
	Debtor	Spouse					
	a. \$ \$ \$ \$ \$ \$ \$ \$ \$		\$ 0.0	00 \$	0.00		
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, a in Column B. Enter the total(s).	add Lines 2 through 9	\$ 3,816.0		0.00		
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, the total. If Column B has not been completed, enter the amount from Line		\$		3,816.00		
	Part II. CALCULATION OF § 1325(b)(4) C	OMMITMENT I	PERIOD				
12	Enter the amount from Line 11			\$	3,816.00		
13	Marital Adjustment. If you are married, but are not filing jointly with your calculation of the commitment period under § 1325(b)(4) does not require in enter on Line 13 the amount of the income listed in Line 10, Column B that the household expenses of you or your dependents and specify, in the lines be income (such as payment of the spouse's tax liability or the spouse's support debtor's dependents) and the amount of income devoted to each purpose. If on a separate page. If the conditions for entering this adjustment do not apple a. S	iclusion of the income was NOT paid on a reg elow, the basis for exc of persons other than t necessary, list addition	of your spouse, gular basis for cluding this the debtor or the				
	c. \$						
	Total and enter on Line 13			\$	0.00		
14	Subtract Line 13 from Line 12 and enter the result.			\$	3,816.00		
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount enter the result.	nt from Line 14 by the	number 12 and	\$	45,792.00		
16	Applicable median family income. Enter the median family income for applinformation is available by family size at www.usdoj.gov/ust/ or from the cle						
	a. Enter debtor's state of residence: TN b. Enter debtor's	s household size:	5	\$	70,332.00		
17	 Application of § 1325(b)(4). Check the applicable box and proceed as direct ■ The amount on Line 15 is less than the amount on Line 16. Check the top of page 1 of this statement and continue with this statement. □ The amount on Line 15 is not less than the amount on Line 16. Check at the top of page 1 of this statement and continue with this statement. 	box for "The applicab the box for "The appli	icable commitme				
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERM	IINING DISPOSABI	LE INCOME	l			
18	Enter the amount from Line 11.			\$	3,816.00		
19	Marital Adjustment. If you are married, but are not filing jointly with your any income listed in Line 10, Column B that was NOT paid on a regular basis debtor or the debtor's dependents. Specify in the lines below the basis for exe payment of the spouse's tax liability or the spouse's support of persons other dependents) and the amount of income devoted to each purpose. If necessary separate page. If the conditions for entering this adjustment do not apply, enter a. S	is for the household excluding the Column B than the debtor or the things additional adjusting the column and t	penses of the income(such as debtor's				
	Total and enter on Line 19.			\$	0.00		
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 a	and enter the result.		\$	3,816.00		

21		lized current monthly income result.	come for § 1325(b)(3). N	Aultip	oly the amount from Line 2	0 by the number 12 and	\$	45,792.00			
22	Applic	Applicable median family income. Enter the amount from Line 16.						70,332.00			
Application of § 1325(b)(3). Check the applicable box and proceed as directed. □ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determ 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is no 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part VII of this statement.							t deteri	mined under §			
	1				DEDUCTIONS FR			,			
		Subpart A: D	eductions under Star	ndar	ds of the Internal Reve	nue Service (IRS)					
24A	Enter i applica bankru	nal Standards: food, appar n Line 24A the "Total" amable number of persons. (T ptcy court.) The applicable r federal income tax return	ount from IRS National his information is availa number of persons is th	Standable at the standard	ards for Allowable Living www.usdoj.gov/ust/ or fromber that would currently be	Expenses for the om the clerk of the e allowed as exemptions	\$				
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.										
	Perso	ns under 65 years of age		Pers	ons 65 years of age or old	ler					
	a1.	Allowance per person		a2.	Allowance per person						
	b1.	Number of persons		b2.	Number of persons						
	c1.	Subtotal		c2.	Subtotal		\$				
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						\$				
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.										
	a. IRS Housing and Utilities Standards; mortgage/rent expense \$ b. Average Monthly Payment for any debts secured by your home if any as stated in Line 47										
		none, it any, as stated in thic 47									
		home, if any, as stated in I	ine 47		c. Net mortgage/rental expense Subtract Line b from Line a. Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities						
26	c. Local S 25B do Standa	home, if any, as stated in I Net mortgage/rental expensions. Standards: housing and upperson accurately compute	se tilities; adjustment. If the allowance to which	you c	Subtract Line b frontend that the process set re entitled under the IRS F	out in Lines 25A and lousing and Utilities	\$				

	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are					
27A						
	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) \square 1 \square 2 or more.					
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Lithe result in Line 28. Do not enter an amount less than zero.	court); enter in Line b the total of the Average				
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$			
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.					
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.	\$				
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.					
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter					
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$			
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	s			

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amoun actually pay for telecommunication services other than your basic home telephone and cell phone s pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for y welfare or that of your dependents. Do not include any amount previously deducted.	ervice - such as
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$
	Subpart B: Additional Living Expense Deductions	<u>'</u>
	Note: Do not include any expenses that you have listed in Line	es 24-37
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the month the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or dependents.	
39	a. Health Insurance \$	
	b. Disability Insurance \$	
	c. Health Savings Account \$	
	Total and enter on Line 39	\$
	If you do not actually expend this total amount, state your actual total average monthly expendite below: \$	ures in the space
40	Continued contributions to the care of household or family members. Enter the total average at expenses that you will continue to pay for the reasonable and necessary care and support of an elde ill, or disabled member of your household or member of your immediate family who is unable to payenses. Do not include payments listed in Line 34.	rly, chronically
41	Protection against family violence. Enter the total average reasonably necessary monthly expense actually incur to maintain the safety of your family under the Family Violence Prevention and Serv applicable federal law. The nature of these expenses is required to be kept confidential by the court	ices Act or other
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified Standards for Housing and Utilities that you actually expend for home energy costs. You must protrustee with documentation of your actual expenses, and you must demonstrate that the additical claimed is reasonable and necessary.	ovide your case
43	Education expenses for dependent children under 18. Enter the total average monthly expenses actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or school by your dependent children less than 18 years of age. You must provide your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonecessary and not already accounted for in the IRS Standards.	secondary with
44	Additional food and clothing expense. Enter the total average monthly amount by which your foo expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS 1 Standards, not to exceed 5% of those combined allowances. (This information is available at	

B22C (Official Form 22C) (Chapter 13) (12/10)

			Subpart C: Deductions for D	ebt]	Payment		
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.						
	Name of Creditor Property Securing the Debt Average Monthly include taxes Payment or insurance						
	a.			\$		□yes □no	
					otal: Add Lines		\$
48	moto your paym sums	r vehicle, or other property deduction 1/60th of any an tents listed in Line 47, in or in default that must be paid	nims. If any of debts listed in Line 47 are somecessary for your support or the support nount (the "cure amount") that you must parder to maintain possession of the property d in order to avoid repossession or forecloses, list additional entries on a separate page. Property Securing the Debt	of you y the . The	ur dependents, your creditor in additt cure amount wo List and total any	ou may include in ion to the uld include any	
	a.	Name of Creditor	Troperty Securing the Best		\$	ne care 7 amount	
						Total: Add Lines	\$
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.						
50	a. b.	Current multiplier for ye	hly Chapter 13 plan payment. our district as determined under schedules Office for United States Trustees. (This	\$			
			at www.usdoj.gov/ust/ or from the clerk o	f x			
	c.		histrative expense of chapter 13 case	To	otal: Multiply Li	nes a and b	\$
51	Tota	Deductions for Debt Pay	ment. Enter the total of Lines 47 through	50.			\$
			Subpart D: Total Deductions	fror	n Income		
52	Tota	of all deductions from in	come. Enter the total of Lines 38, 46, and	51.			\$
		Part V. DETER	RMINATION OF DISPOSABLE	INC	COME UNDI	ER § 1325(b)(2))
53	Total current monthly income. Enter the amount from Line 20.					\$	
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.						\$
55	wage		as. Enter the monthly total of (a) all amountied retirement plans, as specified in § 541 specified in § 362(b)(19).				\$
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.						\$

	Deduction for special circumstances. If there are special of there is no reasonable alternative, describe the special circumstances, list additional entries on a separate page. Total provide your case trustee with documentation of these exof the special circumstances that make such expense necessary.	imstances and the resulting expenses in lines a-c below. I the expenses and enter the total in Line 57. You must expenses and you must provide a detailed explanation	
57	Nature of special circumstances	Amount of Expense	
	a.	\$	
	b.	\$	
	c.	\$	
		Total: Add Lines	\$
58	Total adjustments to determine disposable income. Add result.	the amounts on Lines 54, 55, 56, and 57 and enter the	\$
59	Monthly Disposable Income Under § 1325(b)(2). Subtract	ct Line 58 from Line 53 and enter the result.	\$
	Part VI. ADDITIO	NAL EXPENSE CLAIMS	
60	Other Expenses. List and describe any monthly expenses, nor you and your family and that you contend should be an a 707(b)(2)(A)(ii)(I). If necessary, list additional sources on each item. Total the expenses. Expense Description	ınder §	
00	a.	Monthly Amount \$	
	b.	\$	
	c.	\$	
	d.	\$	
	Total: Add L	Lines a, b, c and d \$	
	Part VII.	VERIFICATION	
61	I declare under penalty of perjury that the information provimust sign.) Date: 06/07/2012	Signature: // Steven Scott Kelley Steven Scott Kelley (Debtor)	nt case, both debtors
01	Date: <u>06/07/2012</u>	Signature // Is/ Tammy Lynn Prater Tammy Lynn Prater (Joint Debtor, if an	ny)